


APPENDIX D

		NASA Mishap Report				MASTER FILE NO.	
		Part A: Mishap Details					
NOTE: FILL IN ALL KNOWN UNSHADED BLOCKS WITHIN 24 HOURS.							
DETAILS							
1. DATE OF INCIDENT		2. TIME OF INCIDENT		3. GENERAL LOCATION (Building, Area, Facility, etc.)		4. EXACT LOCATION (street, floor, room, etc.)	
5. RESPONSIBLE ORGANIZATION		6. CONTRACT NUMBER		7. ORG. FILE NUMBER		8. ORGANIZATION POINT OF CONTACT	
9. MAIL CODE		10. PHONE					
11. MISSION AFFECTED, IF KNOWN		12. PROGRAM IMPACT, IF KNOWN (Describe impact in terms of delay, cost adjustment, etc.)					
13. INCIDENT DESCRIPTION (Do not use actual names, include in the description the sequence of events, extent of injury or property damage, cause, etc., if known.)							
IMPACT SUMMARY							
14. CHECK ALL OUTCOMES FROM THIS EVENT THAT ARE KNOWN FACTS (Do not check any box that indicates any future potential or outcome.)							
<input type="checkbox"/> FATALITY <input type="checkbox"/> PERMANENT DISABILITY <input type="checkbox"/> 3 OR MORE PEOPLE HOSPITALIZED <input type="checkbox"/> 1 OR 2 PEOPLE HOSPITALIZED <input type="checkbox"/> LOSS OF CONSCIOUSNESS <input type="checkbox"/> FULL LOST WORKDAY(S) <input type="checkbox"/> RESTRICTED WORKDAY(S) <input type="checkbox"/> MEDICATION OR MEDICAL TREATMENT ADMINISTERED <input type="checkbox"/> INJURY OR ILLNESS <input type="checkbox"/> FIRST AID ONLY WAS ADMINISTERED							
<input type="checkbox"/> SERIOUS DAMAGE TO AIRCRAFT OR SPACE HARDWARE <input type="checkbox"/> SERIOUS DAMAGE TO FLIGHT OR GROUND SUPPORT HARDWARE <input type="checkbox"/> UNEXPECTED DAMAGE DUE TO TEST FAILURE <input type="checkbox"/> DAMAGE ESTIMATE OVER \$1,000,000 <input type="checkbox"/> DAMAGE ESTIMATE BETWEEN \$250K AND \$1M <input type="checkbox"/> DAMAGE ESTIMATE BETWEEN \$25K AND \$250K <input type="checkbox"/> DAMAGE ESTIMATE BETWEEN \$1K AND \$25K <input type="checkbox"/> DAMAGE ESTIMATE UNDER \$1K <input type="checkbox"/> AFFECTED PRIMARY OBJECTIVE(S) OF MISSION <input type="checkbox"/> SIGNIFICANT PROGRAM IMPACT <input type="checkbox"/> HIGH VISIBILITY (internal or external to NASA)							
15. LEVEL OF POTENTIAL FOR THIS EVENT OR CLOSE CALL (Using reasonable judgment, check the box which you believe have a <u>HIGH</u> probability of occurring under similar conditions.)							
<input type="checkbox"/> FATALITY <input type="checkbox"/> PERMANENT DISABILITY <input type="checkbox"/> 3 OR MORE PEOPLE HOSPITALIZED <input type="checkbox"/> FULL LOST WORKDAY(S) <input type="checkbox"/> POTENTIAL DAMAGE ESTIMATE OVER \$250,000 <input type="checkbox"/> POTENTIAL DAMAGE ESTIMATE UNDER \$250,000 <input type="checkbox"/> SERIOUS DAMAGE TO AIRCRAFT OR SPACE HARDWARE <input type="checkbox"/> SERIOUS DAMAGE TO FLIGHT OR GROUND SUPPORT HARDWARE <input type="checkbox"/> UNEXPECTED DAMAGE DUE TO TEST FAILURE <input type="checkbox"/> AFFECT PRIMARY OBJECTIVE(S) OF MISSION <input type="checkbox"/> SIGNIFICANT PROGRAM IMPACT <input type="checkbox"/> HIGH VISIBILITY (internal or external to NASA)							
PERSON INVOLVED IN INJURY OR ILLNESS							
16. NAME (Last, First MI)		17. ORGANIZATION		18. CONTRACT NUMBER		19. JOB TITLE/OCCUPATION	
20. SUPERVISOR'S NAME (Full Name)		21. SUPERVISOR'S ORGANIZATION		22. SUPERVISOR'S MAIL CODE		23. SUPERVISOR'S PHONE	
24. AGE		25. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		26. SHIFT WORKED <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		27. CONTINUOUS DUTY HOURS	
28. YEARS OF EXPERIENCE <input type="checkbox"/> Under 1 <input type="checkbox"/> Under 5 <input type="checkbox"/> Under 10 <input type="checkbox"/> Over 10		29. INJURY OR ILLNESS <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS		30. FROM PRE-EXISTING <input type="checkbox"/> YES <input type="checkbox"/> NO		31. FATALITY? <input type="checkbox"/>	
32. DATE OF DEATH		33. PERMANENT DISABILITY? <input type="checkbox"/>		34. # OF FULL LOST WORKDAYS		35. # OF RESTRICTED WORKDAYS	
36. INJURY TYPE(S) (e.g., Abrasion, Burn, Concussion, Laceration, etc.)				37. AFFECTED BODY PART(S) OR BODY SYSTEM(S)			
38. BRIEF MEDICAL DIAGNOSIS							
39. MEDICAL TREATMENT ADMINISTERED							
<input type="checkbox"/> TREATMENT OF INFECTION <input type="checkbox"/> APPLICATION OF ANTISEPTIC <input type="checkbox"/> 2ND OR 3RD DEGREE BURN(S) <input type="checkbox"/> CUT AWAY DEAD SKIN <input type="checkbox"/> POSITIVE X-RAY DIAGNOSIS <input type="checkbox"/> APPLICATION OF SUTURES <input type="checkbox"/> USE OF BUTTERFLY ADHESIVE <input type="checkbox"/> REMOVAL OF FOREIGN OBJECT(S) <input type="checkbox"/> USE OF HEAT THERAPY <input type="checkbox"/> ADMISSION TO HOSPITAL FOR MORE THAN OBSERVATION <input type="checkbox"/> REMOVAL OF OBJECT IN WOUND <input type="checkbox"/> USE OF PRESCRIPTION MEDICATION <input type="checkbox"/> HOT OR COLD SOAKING/COMPRESS THERAPY <input type="checkbox"/> USE OF WHIRLPOOL BATH THERAPY <input type="checkbox"/> FIRST AID ONLY							
40. OTHER MEDICAL TREATMENT ADMINISTERED							
EQUIPMENT/PROPERTY DAMAGED							
41. CLASS OF EQUIPMENT/PROPERTY DAMAGED <input type="checkbox"/> FLIGHT HARDWARE <input type="checkbox"/> GROUND SUPPORT EQUIPMENT <input type="checkbox"/> FACILITY <input type="checkbox"/> PRESSURE VESSEL <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> OTHER				42. ESTIMATED COST OF ALL DAMAGED ITEMS <input type="checkbox"/> OVER \$1,000,000 <input type="checkbox"/> BETWEEN \$250K AND \$1M <input type="checkbox"/> BETWEEN \$25K AND \$250K <input type="checkbox"/> BETWEEN \$1K AND \$25K <input type="checkbox"/> UNDER \$1,000		43. # OF ITEMS DAMAGED	
43. SPECIFIC ITEM(S) DAMAGED							
SUBMITTER							
44. SUBMITTED BY (Full Name)		45. ORGANIZATION		46. MAIL CODE		47. PHONE	
48. DATE		49. TIME					

NASA FORM 1627 PREVIOUS EDITIONS ARE OBSOLETE

Figure D-1 "NASA Mishap Report" NF1627 (Online Form)